

Date: _____

State of Louisiana
Department of Revenue
P.O. Box 201
Baton Rouge, LA 70821

RE: Recreation Volunteer Firefighter Deduction
Act 458 of 2007 Legislative Regular Session

To Whom It May Concern:

Please allow this correspondence to serve as certification that the referenced volunteer firefighter has met the following requirements of the above referenced act:

- 1) Served as a volunteer for thirty or more hours during the taxable year and was not compensated for these services.
- 2) Registered with the fire department as a volunteer.
- 3) Completed twenty-four hours of continuing education annually.
- 4) Is an active member of the Louisiana State Firemen's Association or on the Fire Department personnel roster for the State Fire Marshal's Volunteer Fireman's Insurance Program.

Volunteer Firefighter Name: _____

Volunteer Firefighter Address: _____

City, State and Zip Code: _____

Social Security No.: _____

Certifying Fire Chief Signature: _____

Printed Fire Chief Name: _____

Department Name: _____

Parish: _____

Department Address: _____

Department City, State, Zip: _____

YOU CAN FAX THE COMPLETED FORMS TO THE LOUISIANA DEPARTMENT OF REVENUE AT (225) 231-6238.